DOCUMENT RESUME

ED 169 397 CG 013 295

AUTHOR Russo, Nancy Felipe; Hilberman, Elaine
TITLE ERA: Psychological, Social and Ethical Implications for Psychology.
PUB DATE 28 Sep 78
NOTE 16p.; Not available in hard copy due to marginal legibility; Paper presented at the Annual Convention of the American Psychological Association (86th Toronto, Ontario, Canada, August, 1978)
AVAILABLE FROM American Psychological Association, 1200 17th St. N.W., Washington, D.C. 20036

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Civil Liberties; Civil Rights; Delivery Systems; *Discriminatory Legislation; *Federal Legislation; Females; *Mental Health; *Sex Discrimination; *Social Attitudes; *Social Status
IDENTIFIERS *Equal Rights Amendment

ABSTRACT

The mental health implications of sex discrimination as considered by the Subpanel on the Mental Health of Women of the President's Commission of Mental Health are discussed. The status of women's mental health and the problems of women in the mental health delivery system are considered in relation to the larger societal context. Prevention of mental health problems through attention to the societal institutions and norms that reinforce women's powerlessness and second-class status is emphasized. Carefully conceived national strategies for the promotion of mental health and the prevention of mental illness are reviewed in terms of basic goals, including eradication of sexism and racism of the larger society. The devastating consequences of women's disadvantaged status are presented as a powerful argument for ERA ratification, and are considered to serve as an ethical mandate for mental health professionals to work actively for the passage of the ERA. The affirmative duty of professional organizations to defend the human rights and dignity of their members by supporting the Equal Rights Amendment is underscored. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

HARD COPY NOT AVAILABLE

ED169397

ERA: Psychological, Social and Ethical Implications for Psychology*

Nancy Felipe Russo, Ph.D.
Administrative Officer
for Women's Programs
American Psychological Association

Elaine Hilberman, M.D.
Department of Psychiatry
University of North Carolina
School of Medicine
and
Chairperson, Committee on Women
American Psychiatric Association

In August of 1977, the Council of Representatives of the American Psychological Association (APA) took a courageous but ethically mandatory stand and implemented APA policy not to meet in States that have not ratified the Equal Rights Amendment (ERA). The Council charged the Association to cancel the 1979, 1980 and 1981 meetings to be held in Georgia, Nevada and Louisiana, respectively, should these states fail to ratify the ERA. The action was courageous because it is the result of an ethical decision-making process not easily conveyed and therefore easily misunderstood. It was mandatory because the psychological consequences of sex discrimination leave mental health professionals little ethical alternative but to actively work for the passage of the ERA. This paper discusses the mental health implications of sex discrimination as they were considered by the Subpanel on the Mental Health of Women of The President's Commission on Mental Health (PCMH).[1] It also underscores the affirmative duty of professional organizations to defend the human rights and dignity of their members.

---

*To be presented at the Annual Meetings of the American Psychological Association, August 28-September 1, 1978, Toronto, Canada. Reprints can be obtained from Dr. Nancy Felipe Russo, APA 1200 17th St. NW, Washington, DC 20036.

CG013295

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

N Russo

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

The Mental Health Implications of Sex Discrimination:

The Subpanel on the Mental Health of Women of the President's Commission on Mental Health (PCMH) presented its summary report and recommendations to the Commission in January of this year. The complete report was published in April.

That body reviewed the status of women's mental health and concluded that the problems of women in the mental health delivery system must be considered in relation to the larger societal context. Poverty, alienation, and powerlessness all characterize women's status, to the detriment of their mental health. The psychological consequences of women's disadvantaged status are severe, hidden and a great cost of our society. Such problems as alcoholism; drug abuse; depression; rape; domestic violence; incest and unwanted pregnancy are all inadequately or inappropriately addressed, and all are reflective of women's inability to control the outcome of their daily lives. The mental health professions have been part of the problem. Rather than addressing causes, mental health professionals have attended to the symptoms of women's second class status. While treatment of symptoms is a legitimate professional effort, there is an increasing recognition of the ethical obligation to go further.

The Subpanel emphasized that prevention of mental health problems means attention to the societal institutions and norms that reinforce women's powerlessness and second class status. The most powerful document in our society is the U. S. Constitution. Any carefully conceived national strategy for the promotion of mental health and the prevention of mental illness must have as one of its basic goals

eradication of sexism and racism of the larger society. That means equal constitutional protection for the rights of all persons. That means ratification of the Equal Rights Amendment (ERA).

The Subpanel endorsed the ERA and called on all mental health professionals to actively work for its passage. The Subpanel has documented the destructive psychological consequences of inequality. The devastating consequences of women's disadvantaged status are a powerful argument for ERA ratification.

The Psychological Consequences of Inequality

The Subpanel considered the social, economic and psychological consequences of inequality of the sexes.[1,2] Those persons who argue against the ERA because it is needed "only" for its psychological impact, have not thoughtfully examined what the consequences of inequality are for women in our society.

What are these consequences? Circumstances and conditions that society accepts as normal or ordinary lead to despair, anguish, and mental illness in women. Marriage, family relationships, reproduction, childrearing, divorce, aging, employment, and education all have a powerful influence on the well-being of women. The Subpanel concluded that our usual social institutions have a differential and more stressful impact on women. Compounding these ordinary events are extraordinary experiences to which women are also subjected, such as incest, rape, and marital violence, which heighten vulnerability to mental illness. The alienation, powerlessness, and poverty women suffer are also associated with mental illness. It is tempting to conclude that in a man's world, woman's place is in our mental institutions.

In contrast to their underrepresentation in the mainstream of American life, women are overrepresented among the mentally ill. Women are likely to have more negative self-images than do men, and population surveys of non-patients show that women report personal discomfort as well as symptoms consistent with mental illness twice as frequently as do men.[3] Depression is closely associated with being female. More women than men in the general population experience symptoms of depression: 175 women for every 100 men are hospitalized for depression, and 238 women for every 100 men are treated as outpatients for depression.[4] If one looks at all physician diagnoses of a psychological nature, women account for 60% or more of unexplained symptoms, psychiatric, and psychosomatic diagnoses. The information on first admissions to mental hospitals, psychiatric treatment in general hospitals, psychiatric outpatient clinics, private outpatient psychiatric care, the practices of general physicians, and community surveys all indicate that more women than men are mentally ill.[3]

Two hundred and twenty nine million prescriptions for psychoactive drugs were issued in 1975. Of these, 80% of amphetamines, 67% tranquilizers, and 60% of barbiturates/sedatives were prescribed for women. An estimated 2 million women have primary drug dependencies on prescription drugs. Twice as many women as men use the two most popular anti-anxiety drugs (Valium and Librium). More than half of all women convicted in any year have drug-related problems.[5] The proportion of alcoholic women in the population is estimated at 20 to 50%.[6]

The Subpanel also explored special problems for women in families. Statistics show that married women are more likely than unmarried

women to seek psychiatric help, to attempt suicide, and to report physical symptoms indicative of psychological distress, even in a non-patient population.[3,7] A recent study confirms that married women have a higher incidence of mental illness than do married men. These rates increase exponentially with numbers of children and with homemaker status, while the absence of children and work outside the home seem to confer mental health benefits.[8] These data suggest that women's role at home, traditionally defined, constitutes a major psychological stress for many women.

Further, female adults and children are found to be at high risk for violence and sexual abuse in the home.[9-17] Although the concept of family is idealized as a haven of safety and a source of mental health for women, the family is the most frequent single locus for all kinds of violence, including homicide. Violence is said to occur in 50% of American families so that the marriage license is also a "hitting license".[9] It is estimated that one percent of all women have been sexually abused by a father, incest occuring in families where mothers are subjugated and powerless to intevene.[10]

Women find themselves trapped in violent homes because cultural norms permit and legitimize wife beating. The sexist organization of families contributes heavily to the acceptability of wife beating.[11, 12, 13] Men who lack superiority of competence in their personal resources have been allowed to use violence, without fear of legal reprisal, as a way of maintaining their superior position in the family. Their wives understand that neither separation nor the law will necessarily protect them from further violence.[14, 15] The man is protected while the abused

woman comes to believe that marital violence is the norm and that she deserves the abuse. The self-blame is reinforced by the attitudes of "helping" agencies who ignore and demean the victim or accuse her of provoking the assault.[13, 16, 17] Finally, women are trapped by cultural norms which dictate that men are responsible for economic support of families while women must bear full responsibility for child rearing. Women learn the mythology that their rightful place is in the home, no matter what the cost, and that single parent families are damaging to children.[17]

These attitudes are maintained by pervasive patterns of sex discrimination. For example, as of this writing, in Louisiana, only the husband has control of marital property. Thus if a wife (no matter what her status) buys a car out of her own salary, the husband has the right to sell it without her permission and she has no legal recourse. The reverse, of course, is not true. Louisiana is also the only state exempted from the Equal Credit Opportunity Act. Such attitudes and practices mean that the woman who leaves the violent home is all too often denied child care facilities, equal education, vocational, and economic opportunity, and a legitimate self-supporting and autonomous role.[11, 12]

The psychological consequences of inequality have been neglected because the sexism in the larger society is mirrored in the mental health professions. Sexism in the mental health professions affect women as both providers and consumers.[18-20] The pervasive cultural biases which denigrate women are the same biases found in the training of mental health professions, the delivery of mental health services, and research.[21-25] Clinical theories

of personality specify women's innate nature as passive, dependent, masochistic, and child-like, and psychological treatment is often focused on reducing her complaints about the quality of her life and adjustment to the existing order. Despite the explosion of new information about women and sex roles in the last decade, little of this has been incorporated into training programs for mental health professionals, who continue to be part of the problem.[21,26-28]

Women in institutions for psychological dysfunction, substance abuse,or criminal behavior have similar experiences. Rehabilitative efforts have a role in establishing self-esteem, providing a more stable economic base, and preventing mental illness. But women are likely to be assigned to the kitchen or to the laundry to perform tasks they know only too well, while their male peers participate in business education courses, computer programming, construction work, and carpentry. Improvement in the mental health of women is often judged by appearance, with chart notes regularly outlining the details of dress and make-up.[29] For example, a weekend pass for an angry, depressed homemaker in a psychiatric inpatient unit was made contingent on her willingness to bake cornbread in the hospital kitchen, while the source of her rage was never explored.[30]

The Subpanel offered twenty major recommendations to the PCMH. Most revelant here is the group's endorsement of the Equal Rights Amendment as a strategy for primary prevention and its call for all mental health professionals to actively work for ERA passage. The link between the unequal status of women and their devastating mental health problems is in <u>itself</u> ample argument for prompt ratification. The psychological significance of the ERA must not be undervalued.

Professionals' Support for the ERA

Professionals are increasingly concerned about the changes in the courts and legislatures that have already begun to erode the hard-won gains that women have made in the past decade. The insensitivity of judges to women's problems continue. For example, a recent report in the Washington Post describes the call for an investigation of a Connecticut judge who, in dismissing a rape conspiracy charge said: "You can't blame somebody for trying."[30] Such men continue to have the power to define the boundaries of women's fragile legal rights.

Professionals are also increasingly disturbed about the lack of leadership and courage that elected officials have shown when pressured by right wing groups. The primary tactic of the anti-ERA forces is to distort facts and to attempt to discredit the ERA proponents by depicting them as "undesirables." There are many honest and honorable people who are sincerely confused about the merits of the ERA. Unfortunately, the leading spokespersons for the anti-ERA movement continue to provide them with misinformation that preys on basic fears and prejudices.

Diverse women and men have bravely spoken on behalf of the ERA. Their characteristics continue to be distorted and their arguments dismissed as coming from "undesirable groups." For example in a recent issue of the New York Times, a president of Citizens for Life in South Carolina reported that ERA will benefit only "Communists, homosexuals, and other immoral, animalistic people." In the recent defeat of the ERA in Illinois, one legislator announced that he was against the ERA because it was supported by "bisexual and abnormally sexual people." Such views continue to be fostered by the anti-ERA forces.

Professional organizations have an affirmative duty to defend the human rights and dignity of their members. Women and men are asking their professional organizations to support them in their fight for first class citizenship for women in this society and many creditable, legitimate and respected groups are countering the character assassination tactics of anti-ERA opponents. The organizations that are backing their member's efforts to constitutional equality for women are truly impressive in their diversity and their legitimacy. With this kind of mainstream support, the failure to pass the Equal Rights Amendment is a sad comment on the nature of this country's political process. Poll after poll in every state finds a majority of the people in support of the ERA. Time and time again voters have gone to the polls and elected pro-ERA candidates only to have them renege on campaign promises. The attitude is that women can be placated, but right wingers cannot.

Professionals are recognizing that legislators are no longer voting on the merits, but rather on the willingness of the electorate to make the issue the bottom line. It has become increasingly clear that individuals and organizations that remain silent are implicitly condoning the unsavory actions of states that have not ratified the ERA. Women and men who are concerned about equal rights for women recognize that they can no longer continue business as usual. They are telling their organizations that they cannot, in good conscience, attend meetings in unratified states. For organizations to schedule meetings in unratified states is to ask their members to choose between their professional identity and their human dignity. Since it is in the best interest of their professions and society to insure both, the organizations have an ethical mandate to respect these moral principles.

In addition, the link between women's disadvantaged status and mental health creates a special obligation for all mental health professionals to take an uncompromising stand on the ERA and to refute the distortions of facts that are used to block its passage. Increasing numbers of researchers and practitioners are exposing the problems of women that have previously been hidden.

The ERA constitutes a basic step toward eliminating the discriminatory barriers women in our society face, both as citizens and as professionals. It's time to take that step.

---

*Drs. Russo and Hilberman presented the summary report of the Subpanel before the President's Commission on Mental Health on January 28, 1978. Others members of the Subpanel were:

Elissa Benedek, M.D., Past-Chairperson Committee on Women, American Psychiatric Association; Wanda Frogg, President, National Association Indian Women's Council on Alcohol Dependency; Jesse J. Harris, D.S.W., Walter Reed Army Institute of Research; Karen Folger Jacobs, Ph.D. Berkeley, CA; Joyce Lazar, Chief Social Sciences Section, National Institutes of Mental Health; Veronica Max, Ph.D., Director, House of Ruth; Joan Ward Mullaney, D.S.W., Dean, School of Social Service, Catholic University of America; Muriel Nellis, President, National Research & Communications Associates, Inc.; Maria Roy, Executive Director, Abused Women's Aid in Crisis;

Suzanne B. Sobel, Ph.D., Division of Mental Health Services Programs, NIMH--Mental Health Study Center; Jeanne Spurlock, M.D., Deputy Medical Director, American Psychiatric Association; Barbara Stembridge, Ph.D., Institute for Urban Affairs and Research, Howard University; Diane Turowski, National Congress of Neighborhood Women; Margery Velimesis, Executive Director, Pennsylvania Program for Women and Girl Offenders; Rachelle Warren, Ph.D., Center for Research on Teaching and Learning, University of Michigan, and Ilene Wolcott, Women and Health Roundtable. Delores Parron, Ph.D. served as staff liaison to the Subpanel.

A complete copy of the summary report can be obtained from Dr. Nancy Felipe Russo, American Psychological Association, 1200 17th Street, NW, Washington, DC 20036.

The complete report of the Task Panel on Special Populations, which included the report from the Subpanel on the Mental Health of Women may be purchased from the National Technical Information Service, U. S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161. When inquiring, specify the individual report by name and code number. The code number for the Task Panel on Special Populations is PCMH/P-78/16.

REFERENCES

1. Report of the Special Populations Subpanel on Mental Health of Women, Task Panel Reports Submitted to the President's Commission on Mental Health, Volume, III (Appendix), Washington, D. C.: U. S. Government Printing Office, 1978, 1022-1116.

2. National Commission on the Observance of International Women's Year, "...to form a more perfect union...": Justice for American Women, Washington D.C: U. S. Government Printing Office, 1976.

3. Gove, W. R., and Tudor, J. F. Adult sex roles and mental illness. American Journal of Sociology. Vol. 78, No. 4, 1973.

4. Weissman, M. "Depressed Women: Traditional and Non-traditional Therapies." Paper presented at the Eighth Annual Symposium, "Effective Psychotherapy." Houston, Texas: Texas Research Institute of Mental Sciences, Nov. 1975.

5. Nellis, M. "The Implications of Drug and Alcohol Abuse for Women and Society." Prepared for President's Commission on Mental Health, 1977.

6. Hbmiller, J. Women and Alcohol: A Guide for State and Local Decision-makers. Council of State Authorities. Washington, D. C., August 1977.

7. Seiden, A. M. Overview: Research on the psychology of women. Part II. Women in families, work, psychotherapy. American Journal of Psychiatry. Vol. 133, No. 10, 1976, pp. 1111-1123.

8. Gove, W. R. and Geerken,M.D. The effects of children and employment in the mental health of married men and women. Social Forces, Vol. 56, No. 1, 1977, pp. 66-76.

9. Gelles, R. J., and Straus, M. A. Family experience and public support of the death penalty. American Journal of Orthopsychiatry. Vol. 45, No. 4, 1975, pp. 596-613.

10. Herman, J. "Violence Against Women in Families - Family Sexual Abuse." Prepared for President's Commission on Mental Health, 1977.

11. Straus, M. Sexual inequality, cultural norms, and wife beating. Victimology. Vol, No. 1, 1976, pp. 54-76.

12. Straus, M. A social structural perspective on the prevention and treatment of wife-beating. In: Roy, M., ed. Battered Women. New York: Van Nostrand-Reinhold, 1977.

13. Martin, D. Battered Wives. San Francisco, CA: Glide Publications, 1976.

14. Field, M. H., and Field, H. F. Marital violence and the criminal process: Neither justice nor peace. Social Service Review. Vol. 47, 1973; pp. 221-240

15. Gates, M. "The Battered Woman: Criminal and Civil Remedies." Paper presented at annual meeting of the American Psychiatric Association. Toronto, 1977.

16. Pizzey, E. Scream Quietly or the Neighbors Will Hear. Middlesex, England: Penguin Books, 1974.

17. Hilberman, E. Wife Abuse and Family Violence. Prepared for the President's Commission on Mental Health, 1977.

18. Ehrenreich. B. The status of women as health care providers in the United States. Proceedings of the International Conference on Women in Health, DHEW Pub. (HRA), 1975.

19. Dyer, S., and Russo, N. "The Status of Women as Health Service Providers in Psychology." Prepared for President's Commission on Mental Health, 1977.

20. Broverman, I. K.,; Broverman, D.M: and Clarkson, F. E. Sex-role stereotypes and clinical judgments of mental health. Journal of Consulting and Clinical Psychology. Vol. 34, No. 1, 1970, pp. 1-7.

21. Benedek, E. Training mental health professionals. Prepared for the President's Commission on Mental Health, 1977.

22. Lazar, J. B. Status of Women in research in the '70's. Prepared for the President's Commission or Mental Health, 1977.

23. Chesler, P. Women and Madness. New York: Doubleday, 1972.

24. Hare-Mustin, R. "Treatment inequality: Psychotherapies." Prepared for President's Commission on Mental Health, 1977.

25. Hare-Mustin, R. A feminist approach to family therapy. Family Process, in press, 1978.

26. American Psychological Association. Report of the Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice. American Psychologist. Vol. 30, 1975, pp. 1169-1175.

27. Holroyd, J. C., and Brodsky, A. M. Psychologists' attitudes and practices regarding erotic and nonerotic physical contact with patients. American Psychologist. Vol. 32, 1977, pp. 843-849.

28. Kardiner, S., ; Fuller, M.; and Mensh, I. A survey of physicians' attitudes and practices regarding erotic and nonerotic contact with patients. American Journal of Psychiatry. Vol. 130, 1973, pp. 1077-1081.

29. Velimesis, M. Women offenders. Prepared for President's Commission on Mental Health, 1977.

30. Hilberman, E. personal communication.

31. New York Herald, September 12, 1852.

32. Washington Post, June 2, 1978.

33. New York Times, June 1, 1978.